

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**Individual Income Tax Return 1995**  
**RESIDENT FILING FEDERAL RETURN**  
Calendar Year 1995

DO NOT WRITE OR STAPLE IN THIS SPACE

<b>USE STATE LABEL OTHERWISE PRINT OR TYPE</b>	Name (If joint return, give first names and initials of both)	Last Name	AMD	UNP	008	PNT	INT		
						Your social security number			
	C/O					Spouse's social security number			
	Present mailing or home address (Number and street, including apartment number or rural route)					Your occupation			
	City, town or post office, State and ZIP code					Spouse's occupation			

<b>FILING STATUS</b> <small>(Check only ONE box)</small>	1 <input type="checkbox"/> Single
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. • _____
	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤ _____
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died 19• _____).

**USE THIS FORM ONLY IF YOU ARE FILING A FEDERAL TAX RETURN FOR 1995.**   
**You MUST attach a copy of the front page of your federal return to this form. If you are not filing a federal return for 1995, use Form N-12. If you qualify, you may use Form N-13 instead.**

**CAUTION:** If you can be claimed as a dependent on another person's tax return (such as your parents'), **DO NOT** check box 6a, but be sure to check the box above line 20.

Enter the number of boxes checked on 6a and 6b .....	
6c Enter the number of your dependent children listed on federal return .....	6c
6d Enter the number of other dependents listed on federal return .....	6d
6e Total number of exemptions claimed. Add numbers entered in boxes above .....	6e



<b>EXEMPTIONS</b>	6a <input type="checkbox"/> Yourself ..... <input type="checkbox"/> Age 65 or over .....	7•		
	6b <input type="checkbox"/> Spouse ..... <input type="checkbox"/> Age 65 or over .....			
	6c Enter the number of your dependent children listed on federal return .....	6c		
	6d Enter the number of other dependents listed on federal return .....	6d		
	6e Total number of exemptions claimed. Add numbers entered in boxes above .....	6e		

<b>COMPUTATION OF HAWAII ADJUSTED GROSS INCOME</b>	7 Federal adjusted gross income (AGI) from Form 1040, 1040A, or 1040EZ .....	7•		
	8 If state wages on Form W-2 is larger than federal wages, enter difference ..	8		
	9 State income tax refund from the worksheet on page 9 of the Instructions ..	9		
	10 Other Hawaii additions to federal AGI (see page 10 of the Instructions) ....	10		
	11 Add lines 8 through 10 ..... <b>Total Hawaii additions to federal AGI</b> .....	11•		
	12 Add lines 7 and 11 .....	12		
	13 Pensions taxed federally but not taxed by Hawaii.....	13		
	14 Social security benefits taxed on federal return .....	14		
	15 First \$1,750 of military reserve or Hawaii national guard duty pay .....	15•		
	16 Payments to an individual housing account .....	16•		
17 Other Hawaii subtractions from federal AGI (see page 12 of the Instructions) .....	17			
18 Add lines 13 through 17 ..... <b>Total Hawaii subtractions from federal AGI</b> .....	18•			
19 Line 12 minus line 18..... <b>Hawaii AGI ➤</b> .....	19•			

**CAUTION:** If you can be claimed as a dependent on another person's return, check here ☐ • and see the Instructions on page 17.

<b>DEDUCTIONS AND COMPUTATION OF TAXABLE INCOME</b>	20 If you do not itemize your deductions, go to line 21 below. Otherwise go to page 12 of the Instructions and enter your itemized deductions here.			
	20a Medical and dental expenses (from Worksheet A-1) .....	20a•		
	20b Taxes (from Worksheet A-2).....	20b•		
	20c Interest expense (from Worksheet A-3) .....	20c•		
	20d Contributions (from Worksheet A-4).....	20d•		
	20e Casualty and theft losses (from Worksheet A-5).....	20e•		
	20f Miscellaneous deductions (from Worksheet A-6).....	20f•		
	21 Enter the larger of: <b>Itemized Deductions</b> — If line 19 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 17 of the Instructions. If not, add lines 20a through 20f. <b>OR</b> <b>Standard Deduction</b> shown below for your filing status. Single — \$1,500                      Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900      Married filing separately — \$950	21•		
	22 Line 19 minus line 21. (This line <b>MUST</b> be filled in) .....	22•		
	23 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 18 of the Instructions.....	23•		
24 <b>Taxable Income.</b> Line 22 minus line 23 (but not less than zero) .....	24•			

• ATTACH CHECK OR MONEY ORDER HERE • ATTACH COPY B OF FORM W-2 HERE •

<b>TAX COMPUTATION</b>	25	Amount from line 24 (Taxable Income) .....	25		
	26	<b>Tax.</b> Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule I, II, or III; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 18 of the Instructions. Enter the amount of your long-term capital gains ● ..... (● <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-405, N-586, or N-814) ..... <b>Tax</b> ➤	26 ●		
<b>NONREFUNDABLE CREDITS</b>	27	Income tax paid to another state or to a foreign country (from Worksheet on page 19) .....	27		
	28	Energy Conservation Tax Credit (attach Form N-157) .....	28 ●		
	29	Enterprise Zone Tax Credit (attach Form N-756) .....	29 ●		
	30	Low-Income Housing Tax Credit (attach Form N-586) .....	30		
	31	Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884) .....	31 ●		
	32	Add lines 27 through 31 ..... <b>Total Non-Refundable Credits</b> ➤	32 ●		
	33	Line 26 minus line 32 (but not less than zero) ..... <b>Balance</b> ➤	33		
<b>TAX PAYMENTS AND REFUNDABLE CREDITS</b>	34	Hawaii State Income tax withheld and tax withheld on IHA distribution .....	34 ●		
	35	1995 estimated tax payments .....	35 ●		
	36	Amount of estimated tax applied from 1994 return .....	36 ●		
	37	Amount paid with extension(s) .....	37 ●		
	38	\$1 general income tax credit (see Instructions on page 21) .....	38 ●		
	39	Food Tax Credit (attach Schedule X) <b>DHS, etc. exemptions</b> ● .....	39 ●		
	40	Credit for Low-Income Household Renters (attach Schedule X) .....	40 ●		
	41	Credit for Child and Dependent Care Expenses (attach Schedule X) .....	41 ●		
	42	Medical Services Excise Tax Credit (attach Schedule X) .....	42 ●		
	43	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) .....	43 ●		
	44	Capital Goods Excise Tax Credit (attach Form N-312) .....	44 ●		
	45	Fuel Tax Credit for Commercial Fishers (attach Form N-163) .....	45 ●		
	46	Other credits (attach list and see page 22 of Instructions) .....	46 ●		
	47	Add lines 34 through 46 ..... <b>Total Payments and Credits</b> ➤	47 ●		
<b>REFUND OR AMOUNT YOU OWE</b>	48	If line 47 is larger than line 33, enter the amount <b>OVERPAID</b> (line 47 minus line 33) ..... 	48 ●		
	49	Amount of line 48 to be <b>REFUNDED TO YOU</b> ..... <b>Refund</b>	49 ●		
	50	Amount of line 48 to be <b>applied</b> to your <b>1996 ESTIMATED TAX</b> ..... <b>50 ●</b>	50 ●		
	51	If line 33 is larger than line 47, enter the <b>AMOUNT YOU OWE</b> (line 33 minus line 47). Attach check or money order for full amount payable to "Hawaii State Tax Collector." Write your social security number and "1995 Form N-11" on it. If you are filing your return late, see page 22 of the Instructions ..... <b>Balance Due</b> 	51 ●		
	52	Estimated tax penalty. Also include this amount in line 51 .....	52 ●		
<b>BUSINESS ACTIVITIES</b>	53	If you don't need Hawaii income tax forms mailed to you next year because a tax preparer will prepare your return, check here to receive a preprinted label only. .... ● <input type="checkbox"/>			
	54	Did you file a federal Schedule C? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross receipts _____, your Hawaii General Excise/Use Tax I.D. Number for this activity _____, and main business activity/product: _____ / _____			
	55	Did you file a federal Schedule E? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross rents received _____ and your Hawaii General Excise/Use Tax I.D. Number for this activity _____			
	56	Did you file a federal Schedule F? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross receipts _____, your Hawaii General Excise/Use Tax I.D. Number for this activity _____, and main business activity/product: _____ / _____			





**ATTACH A COPY OF THE FRONT PAGE OF YOUR FEDERAL INCOME TAX RETURN FOR 1995 (FORM 1040, 1040A, 1040EZ, OR 1040PC). IF THIS PAGE IS NOT ATTACHED, THE PROCESSING OF YOUR RETURN AND REFUND MAY BE DELAYED.**



<b>HAWAII ELECTION CAMPAIGN FUND</b>	Do you want \$2 to go to the Hawaii Election Campaign Fund?	Yes	No	Note: Checking "Yes" will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$2 to go to the fund?	Yes	No	

### DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

<b>PLEASE SIGN HERE</b>	 _____ Your signature Date		 _____ Spouse's signature (if filing jointly, BOTH must sign) Date		
	Paid Preparer's Information	Preparer's Signature and date	Preparer's social security number		Check if self-employed <input type="checkbox"/>
		Firm's name (or yours if self-employed) and address	Federal E.I. No. ➤		
		ZIP Code ➤			